

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

## LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Swanson for State Senate 2024			<b>Date of This Filing</b> 04/13/2023  <b>Report No.</b> 04132023-1  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 2	Date Stamp   Page 1 of 2	<b>CALIFORNIA FORM 497</b>  For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (916)348-9100	<b>I.D. NUMBER</b> (if applicable) 1459088				
<b>STREET ADDRESS</b>  _____					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95841			

### Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
04/10/2023	Elizabeth M. Gallagher Lafayette, CA 94549	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Real Estate Sales Associate Sotheby's International Realty	\$5,000.00
04/10/2023	Raymond J. Gallagher Walnut Creek, CA 94597	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Founder Scott's Seafood	\$5,000.00
04/10/2023	Victoria Gallagher Oakland, CA 94607	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Retired n/a	\$5,500.00

\*Contributor Codes

IND - Individual

PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment:

**FPPC Form 497(June/01)**  
**FPPC Toll-Free Helpline: 866/ASK-FPPC**

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<b>STREET ADDRESS</b>					
<b>CITY</b> Sacramento	<b>STATE</b> CA	<b>ZIP CODE</b> 95841			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: